

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9		2		1		
10		2		1		
11		2		1		
12		2		1		
13	1		1			
14		1		1		
15		1		1		
16		2		1		
17		2	1			
18		2	1			
19		2		1		
20		2		1		
21		2		1		
22		2		1		
23		2		1		
24		2	1			
25		2	1			
26		2		1		
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30		2		1		
31		2	1			
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33		2	1			
34		2		1		
35		2		1		
36			1			
37			1			
38			1			
39				1		
40				1		
41				1		
42				1		
43			1			
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50			1			
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53	1					
54		1				
55		1				
56		1				
57		1				
58	1					
59		1				
60		1				
61		1				
62	1					
63		1				
64		1				
65		1				
66	1					
67		1				
68	1					
69	1					
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	49	←		←		←
TOTAL CLAIMS	70					